

L24000187053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

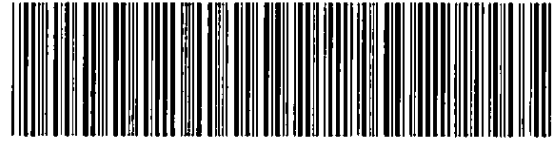
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2024 OCT 25 PM 2:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic City Collision, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Boris Delgado
Name of Person

Magic City Collision, LLC
Firm Company

3211 NW 37th St
Address

Miami, FL 33142
City/State and Zip Code

info@magiccitycollision.miami
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Boris Delgado at (305) 588-7577
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2024

BORIS DELGADO
3211 NW 37TH STREET
MIAMI, FL 33142

SUBJECT: MAGIC CITY COLLISION, LLC
Ref. Number: L24000187053

We have received your document for MAGIC CITY COLLISION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person may serv as the Registered Agent. Remove the name and signature of the person that is NOT going to serv as RA.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00021349

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 OCT 25 PM 2:00

Magic City Collision, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/20/24 and assigned Florida document number 124000187053

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3211 NW 37th St
Miami, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3211 NW 37th St
Miami, FL 33142

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Boris Delgado

New Registered Office Address:

3211 NW 37th St

Enter Florida street address

Miami

City

Florida

33142

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Boris Delgado

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Delgado Delgado	3668 NW 48 th Terr	<input type="checkbox"/> Add
		Miami, FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Boris Delgado	3211 NW 37 th St	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andres Fassi	3211 NW 37 th St	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2024 OCT 25 PM 2:01
TALLAHASSEE, FLORIDA

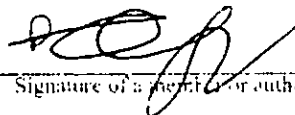
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 10, 2024.



Signature of a member or authorized representative of a member

Boris Delgado

Typed or printed name of signer